

CCC-782
(06-17-15)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

For County Office Use Only

1. Admin State Name:

2. Admin County Name:

3A. Farm Number:

3B. Tract Number:

4. Dairy Operation
Number:

5. Coverage Year:

MARGIN PROTECTION PROGRAM FOR
DAIRY PRODUCERS (MPP-DAIRY) CONTRACT
AND ANNUAL COVERAGE ELECTION

PART A – GENERAL INFORMATION

6. Dairy Operation Name and Address

7. Type of Action:

☐ New Contract☐ Annual Coverage Election☐ Contract Revision☐ Successor-In-Interest

8A. Does the dairy operation currently produce and commercially market milk?

YES

NO

☐☐

8B. Is the dairy operation facility being leased or rented?

☐☐

9. Do all dairy producers in the operation make contributions (including land, labor, management, equipment, or capital) to the dairy operation, which are at least commensurate with their shares of the proceeds of the operation? If "NO", indicate which producer(s) are not commensurate in Part F.

☐☐

10. Do any of the producers collectively have more than a 50% interest in both this dairy operation and another dairy operation that is covered under MPP - Dairy? (Not applicable to CY 2014/2015 election period).

☐☐

11. Does any producer in the dairy operation currently have a policy under RMA's Livestock Gross Margin for Dairy Program (LGM-Dairy) that will end during the calendar year the dairy operation is requesting coverage? If "NO", skip to Part B.

☐☐

12. If "YES" to Item 11, what is the last month/year of target marketings insured under your LGM-Dairy policy?

(MM-YYYY)

PART B – COVERAGE LEVEL THRESHOLD ELECTION

13. Check one desired level:

☐ \$4.00☐ \$5.50☐ \$7.00☐ \$4.50☐ \$6.00☐ \$7.50☐ \$5.00☐ \$6.50☐ \$8.00

PART C – COVERAGE LEVEL PERCENTAGE ELECTION

14. Check one desired level:

☐ 25%☐ 40%☐ 55%☐ 70%☐ 85%☐ 30%☐ 45%☐ 60%☐ 75%☐ 90%☐ 35%☐ 50%☐ 65%☐ 80%

PART D – ESTABLISHED PRODUCTION HISTORY (For County Office Use Only)

15. Enter applicable production history for the dairy operation from the MPP Production History and Premium Calculator Workbook:

lbs.

PART E – CALCULATED PREMIUM AND PREMIUM PAYMENT OPTIONS (For County Office Use Only)

16.

Calculated Premium Amount

17.

Select the desired premium payment option below:

18.

Calculated Totals

\$

☐

100% of Calculated Premium

A. Administrative Fee due by
end of election period

\$ 100.00

☐Alternative Amount (Must be 25% or more of calculated
premium due no later than February 1 of the applicable
calendar year of coverage). \$ _____B. Premium Minimum (Due by
February 1 of the applicable
year of coverage.)

\$

C. Remaining Balance
(Due no later than June 1 of
the applicable year of
coverage.)

\$

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

PART F – CERTIFICATION AND SIGNATURES

This Contract to participate in the Margin Protection Program (MPP-Dairy) for dairy producers is entered into between the CCC and the undersigned producers in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as "the Participant." The Participant agrees to comply with the terms and conditions contained in this Contract including the Appendix to this Contract, CCC-782 Appendix, entitled "Appendix to Form CCC-782 Margin Protection Program" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the Margin Protection Program for the stipulated contract period from the date the Contract is executed by the CCC. As such, the participant will be legally obligated to pay the annual administrative fee for the duration of the MPP-Dairy program and all associated premiums for buy-up coverage elected by the participant. The participant also agrees to the coverage threshold and coverage level percentage elected above for the applicable calendar year of coverage and further understands that a coverage election must be made annually on form CCC-782 for the duration of the MPP-Dairy program during the open election periods designated by the CCC. By signing below, the Participant (1) agrees to the established production history in Part D; (2) acknowledges receipt of the CCC-782 Appendix, and agrees to abide by the terms and conditions contained therein; and (3) agrees to comply with the regulations governing the applicable program eligibility. This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability. The terms and conditions of this contract are contained in this form CCC-782 and in the CCC-782 Appendix and any addendum thereto. The Participant also agrees to not receive benefits under the Livestock Gross Margin program for dairy while participating in the Margin Protection Program for dairy producers. Payments under the MPP-Dairy program may be reduced by a certain percentage due to a sequester order required by Congress and issued pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985. Should a payment reduction be necessary, FSA will reduce the payment by the required amount. **BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE THAT A PRODUCTION HISTORY ESTABLISHMENT FORM CCC-781 WAS COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE DAIRY OPERATION ABOVE AND ACKNOWLEDGE THAT THE PRODUCTION HISTORY ESTABLISHED AND ENTERED ABOVE WILL BE USED FOR THE DURATION OF THE PROGRAM IN ACCORDANCE WITH REGULATIONS AT 7 CFR PART 1430, SUBPART C.**

19. Producer Name	20. Signature of Producer (By)	21. Title/Relationship of the Individual Signing in the Representative Capacity	22. Date (MM-DD-YYYY)	23. Share %	24. Commensurate	25. Refuse Payment		26. Point of Contact
					NO	YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART G – CCC ACCEPTANCE AND APPROVAL

27A. COC or Designee Signature	27B. Date (MM-DD-YYYY)	27C. Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
--------------------------------	------------------------	---

28. Remarks

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1430, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Margin Protection Program for dairy producers. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Margin Protection Program for dairy producers.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration).

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**